Revisio	n: HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 1 TO A1 Page 8 CMB No.: 0938-	TTACHMENT 2.6-A
	STATE PLAN U	NDER TITLE XIX OF	THE SOCIAL SECURIT	Y ACT
	State:	FLORIDA		
D. MED	ICALLY NEEDY	INCOME LEVELS !	Continued)	
·	C Applicable to a	all groups	Applicable to a those specified group income le listed on an at	ill groups except below. Excepted vels are also tached page 3.
(1)	(2)	(3)	(4)	(5)
Family Size	protected for maintenance for months	Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas formonths	Amount by which Column (4) exceeds limits specified in 42 CFR
_/	urban only	435.10071		435.10071
	urban & rural			
11	\$ 180	<u> </u>	<b>\$</b>	
2	\$ 241	<u> </u>	<u>\$</u>	
3	\$ 303	<b>\$</b>		<b>S</b>
4	\$ 364	<b>s</b>		
For each additional person, add:	:h <b>\$</b> 62	•	•	•
payn	The agency has met		g from its claim fo whose income excee	
IN No. Supersec	92-03 ies Approva 91-39	1 Date SEP 18 19	92 Effective Dat	

.evisio	n:	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 1 TO Page 9 CMB No.: 0938-	ATTACHMENT 2.5-A
		STATE PLAN U	NDER TITLE XIX OF	THE SOCIAL SECURITY	ACT
	9	state:	FLORIDA		<del></del>
			INCOME LEVELS (C	(ontinued)	
D. MED	ICAI	LLY NEEDY			•
(1)		(2)	(3)		5 )
Family Size	pr mai	contected for ntenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10072	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.10071
	urb	ean & rural			
5	\$_	426	<u> </u>	<b>\$</b>	
6	\$	487	<b>\$</b>		\$
7	\$	549	\$	<b>s</b>	\$
- 8	_ \$_	610	<b>S</b>		<u> </u>
9	_\$_	671	\$	<b>.s</b>	<b>.</b>
10	_\$_	733	<b>S</b>	<b>s</b>	<b>\$</b>
For each additional person, add:	ı S	62	\$	\$	•
i/ T	ent:	agency has met	hods for excluding lf of individuals	from its claim for whose income exceed	r FFP
TN No. Supersed TN No.	85	-03 Approval	Date SEP 18 19	92 Effective Date	1/1/92

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	
5000.	

## INCOME LEVELS (Continued)

- E. Optional Groups Other Than the Medically Needy
  - 1. Institutionalized Individuals Under Special Income Levels as follows:

Payment Category (Reasonable		Administered by		Income Level   Net				Income Discegards Employed
Cla	skification)	Federal	State	1 per- son	Couple	l per- son	Couple	•
	(1)	(2)		(3)		(4)		(5)
Α.	Skilled Hursing Facility		х	300Z of SSI FBR	300% of SSI FBR x 2	300% of SSI FBR	300% of SSI FBR x 2	SSI, VA Aid & Attendance and exclusion for UME-VAIP in eligibility determination for those with gross income less than 300% of SSI FBR.
₿.	Mental Mospitaln & Psychiatric Facilities		X	"		-		than 300% of SSI PBR.
С.	Intermediate Care Facility		x	"	•	-	-	
D.	Intermpdiate Care Facility for the Mentally Retarded		X.	-		••	-	

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<sup>\*</sup>Agency that determines eligibility for coverage.

Page 1 AUGUST 1991 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT FLORIDA State: \_\_\_\_ RESOURCE LEVELS CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 1. Prequant Women - Not applicable. The state agency does not consider resources in determining eligibility. a. Mandatory Groups Same as SSI resources levels. Less restrictive than SSI resource levels and is as follows: Resource Level Family Size b. Optional Groups Same as SSI resources levels. Less restrictive than SSI resource levels and is as follows: Resource Level Family Size

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91-39

Supersedes
TN No. 87-37

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Effective Date \_\_\_\_10/1/91

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	FI	LORIDA	
I	Not applicable. resources in de ry Group of Infa	etermining eli	gency does not consider gibility.
<u>/</u> Sa	me as resource	levels in the	State's approved AFDC plan.
<u>∠</u> / Le	ss restrictive	than the AFDC	levels and are as follows:
Famil	y Size	Resource Leve	1
	1		-
	2		_
	3		_
	4		-
	5		-
	6		· -
	7		-
	8		-
	9		-
_1	0		-

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	1	HCFA ID: 7985E

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	FI	ORIDA
b.	<u>doe</u> s not	CONSIDER resource	ts - Not applicable. The state agency ources in determining eligibility. levels in the State's approved AFDC plan.
	<u>/</u> / Le	ss restrictive	than the AFDC levels and are as follows:
	Famil	y Size	Resource Level
		1	
		2	
		3	
		4	
		5	·
		5	
		7	
	8	3	
		9	
	1 (	1	

TN No. 91-39 Supersedes TN No. 89-07	Approval	Date 527 _8 1992	Effective	Date _	10/1/91
11 NO. <u>03 0.</u>			HCFA ID:	7985E	

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	Sta	ate: _		FLOF	RIDA				
3.	Chil	Mandato	cons ory Gro	applicable ider resou oup of Child (Children wh 6.)	irces i Iren unde	n dete er Secti	rmining e ion 1902(a)	ligibil: (10)(i)(V	I) -
			Same	as resource	levels	in the	State's ap	proved AF	DC plan.
			Less	restrictive	than th	ne AFDC	levels and	are as f	ollows:
		Family	Size			Resour	ce Level		
		1							
		2	_				<del></del>		
		3							
		4_							
		5							
		6							
		8							
		_ 9		•					
		10							

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MARCH 1992

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	FLORIDA
b.	of the	Act. (Children under Section 1902(a)(10)(i)(VII) Act. (Children born after September 30, 1983 who have ed age 6 but have not attained age 19.) Not applicable. Act agency does not consider resources in determining eligibility. Same as resource levels in the State's approved AFDC plan.  Less restrictive than the AFDC levels and are as follows:
	 Family	
	ramily	RESOUTCE LEVEL
	1	
	2	
	3	· · · · · · · · · · · · · · · · · · ·
	4	
	5	· 
	6	
	7	
	8	
	9	
	_10	

TN No. 92-23
Supersedes Approval Date TN No. 92-16

Effective Date 4/1/92

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Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A AUGUST 1991 Page 6 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT FLORIDA 4. Aged and Disabled Individuals \_\_/ Same as SSI resource levels. More restrictive than SSI levels and are as follows: Family Size Resource Level 1 \_\_\_\_2\_\_\_  $/\overline{X}/$ Same as medically needy resource levels (applicable only if State has a medically needy program)

TN No. 91-39	Annual Dat	SEP 18 1992	F 6 6 a a t l u a	2000	10 /1 /01
Supersedes TN No. NEW	Approval Dat	.е	Filective	Date _	10/1/91
		(	HCFA ID:	7985E	

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A AUGUST 1991 Page 7 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT FLORIDA RESOURCE LEVELS (Continued) MEDICALLY NEEDY в. Applicable to all groups -Except those specified below under the provisions of section 1902(f) of the Act. Family Size Resource Level \$ 5000 \_\_1\_\_ \_\_\_2\_\_\_ 6000 \_\_3\_\_ 6000 4 6500 \_\_5\_\_ 7000

7500

8000

8500

9000

10 9500

For each additional person \$ 500

\_\_6\_\_

\_\_7\_\_

8\_\_\_

9\_

TN No. 91-39 Supersedes TN No. NEW	Approval Date	SE. 18 1992	Effectiv <b>e</b>	Date	10/1/91
IN NO			HCFA ID:	7985E	